

DSCYF Evaluation Status Report

October 1997

Departmental managers and stakeholders, i.e., the legislators, the Governor, the State Budget Office and child advocates, need to know whether state-funded programs produce intended results. Program managers and staff are accountable for prudent use of resources and the outcomes expected from the investment of resources.

The Planning, Monitoring and Evaluation Unit, created in the Division of Management Services in FY-96, conducts program evaluations, provides technical support for other departmental evaluations, and reviews and monitors contracted evaluations. The following sections summarize completed and ongoing evaluation efforts.

School-Related Evaluations

K-3 Early Intervention Program First Year Implementation Report

Program Purpose: The K-3 Early Intervention Program was established as a collaborative partnership between schools and the Department of Services for Children, Youth and Their Families to work with children who exhibit behavior problems in the classroom. The purpose of the program is to reduce classroom disruptions and encourage long-term academic success. Some program components are intended to mitigate negative effects of conduct disorder.

308 students were served in the K-3 Early Intervention Program between April 1, 1996, and June 30, 1997. During the first full-year of program implementation in the 1996-97 school year, only 11 students completed the K-3 Early Intervention Program. No outcome or impact evaluation analysis was undertaken because of the small number of students completing the program during its first year of implementation. The following are the findings of a review of program activities for the first full-year of the implementation.

- 57 % of the students served had pre-program child behavior inventory scores below the conduct disorder intensity threshold score
- 43 % of the students served had pre-program child behavior inventory scores above the conduct disorder intensity threshold score
- 18 % (11 of 61) of the cases were closed because of program completion
- 82 % (50 of 61) of the cases were closed for other reasons such as student moved
- 82 % (9 of 11) of the students who completed the program had pre-program child behavior inventory intensity scores below the conduct disorder threshold score

- Teachers and school staff strongly support the K-3 Program Family Crisis Therapists' (FCTs) work with students. Teachers acknowledge the benefit of the FCTs' work with the families to resolve issues associated with the students' school behavior and discipline problems.

Based on the first-year implementation review, it is recommended that:

- Evaluation procedures be revised to provide appropriate ways to measure behavior change for students with pre-program behavior scores below the conduct disorder threshold
- A Parent Satisfaction Survey be developed to obtain parent feedback on program activities
- Training for teachers be provided so they can become more involved in a team approach with the FCTs to reinforce positive changes occurring in student behaviors

Colonial District School-Based Intervention Program

Program Purpose: The Colonial District School-Based Intervention Program is a collaborative program between the Colonial School District and the Division of Family Services within DSCYF to work with students from kindergarten through high school in selected schools in the Colonial School District who exhibit disruptive classroom behaviors.

Summary of Program Activities for the 1995-96 school year:

- 290 K-12 students in nine Colonial District schools received program services.
- 90 students were involved in only one intervention.
- 80 students were involved in two to four interventions.
- 120 students were involved in five or more interventions.
- 992 behavior incidents were referred to the program's Family Crisis Therapists.
- 992 referrals resulted in 1664 interventions.
- 377 home-based interventions were made by the Family Crisis Therapists

A focus group was held with the Director of School Leadership and principals of the schools in the program. Points emphasized included the:

- Positive impact of program services as perceived by teachers and administrators
- Family Crisis Therapists' work with families and home interventions
- Flexibility of Family Crisis Therapists to respond to student behavior issues as they arise
- Family Crisis Therapists' support and advocacy for students in the schools
- Parent education training provided by Family Crisis Therapists

Preparations are being made to prepare the report on the 1996-97 Colonial District School-Based Intervention Program.

Families and Schools Together (FAST)

Program Purpose: The Family and Schools Together (FAST) Program is a school-based family-focused substance abuse prevention program contracted with Children and Families First, Inc. The FAST Program has a standardized national evaluation structure. Data collected at Delaware school sites is forwarded for centralized scoring and analyses to Wisconsin where the FAST evaluation reports (narrative and data tables) are prepared by Family Services of America.

Evaluation findings for the FAST programs during the 1995-96 school year, based on parent and teacher post-program data, included:

- An 8% decrease in conduct disorder
- A 35% decrease in attention problems
- A 36% decrease in anxiety and withdrawal
- A 4% decrease in motor excess

Teacher post-program data showed:

- A 20% decrease in conduct disorder
- A 34% decrease in attention problems
- A 29% decrease in anxiety and withdrawal
- An 18% decrease in motor excess

Families had a 9% increase in their family cohesion scores and an 8% decrease in their overall rating of their feelings of parenting stress and isolation.

Evaluation results for the 1996-97 school year FAST Program will not be available until after January 1, 1998.

On-Going Program Evaluations

Intensive Reunification Program

Program Purpose: The Intensive Reunification Program was created to reduce the length of time in foster care by providing an increased level of services to selected children and families in DFS treatment services. The evaluation findings for the first six months of program implementation found:

- The 80 children who were reunified with their families through the Intensive Reunification Program during its first 6 months of operation averaged between 11 and 17 months less time in foster care than children in a 1994 foster care comparison group that received traditional services
- Age was not a barrier to successful reunification

- Increased length of time in foster care prior to receiving Intensive Reunification Program services was negatively related to the probability of successful reunification
- Multiple family barriers to reunification have a significant negative impact on the probability of successful reunification
- This reduction in average length of time produced cost savings in foster care estimated at over \$300,000 for the 80 children reunited with their families

The preliminary draft of the follow-up evaluation report for the Intensive Reunification Program continues to support the earlier findings that age is not a barrier to reunification and that length of time in foster care before reunification services is negatively associated with the likelihood of reunification.

Of the 80 children who were reunified with their families at the time the first evaluation report was prepared, 8 were returned to foster care between October 1, 1996 and April 1, 1997.

Families and Centers Empowered Together (FACET)

Program Purpose: Based on parental and family empowerment theory, the FACET Program is a child care center-based substance abuse prevention program that emphasizes the use of support services in a non-threatening and supportive environment. Operating on the assumptions that all families and family forms have strengths, knowledge about parenting and rearing children can be found in the communities of these families – across generations, in support networks, and in ethnic and cultural traditions.

The FACET Program has completed several years of operation. Results to date have shown general improvements in the areas of:

- Planning skills
- Family cohesion and adaptability
- Knowledge of the physical and social effects of alcohol, tobacco and other drugs

The fifth-year evaluation report of the FACET Program is currently in final stages of preparation by contracted evaluators from the University of Delaware.

Parent Education Partnership's Home Visiting Program

Program Purpose: The Parent Education Partnership is a Family Services Cabinet Council collaboration effort supporting a Home Visiting Program to insure that first-time parents know and understand:

- When and where to get emergency medical care
- How to access services to satisfy basic needs
- Appropriate behavioral expectations for each phase of their child's development

- Positive forms of behavioral management
- The importance of involvement in their child's cognitive development

Home Visiting Program goals for the children include:

- Appropriate immunizations and routine and preventive medical care
- Reduced risk of developmental delay through early diagnosis and treatment
- Reduced risk and rates of abuse or neglect
- An optimal level of development for each child
- School readiness

An implementation assistance evaluation was completed in August 1996. This evaluation found that the Home Visiting Program participants appeared to be on track to achieve the intermediate program objectives on the path toward the achievement of intended longer-term outcomes for their children.

The 1996 evaluation recommended:

- Data collected during the first phase of the program's implementation be cross-validated to see that follow-up services are provided
- Implementation of standardized measurements upon entry and at the conclusion of a child's parent's participation in program activities to document changes in the abilities and behaviors of children in families served by these programs

The Parent Education Partnership Committee is meeting in November 1997 with representatives of the University of Delaware to develop the next steps in the evaluation of the Home Visiting Program.

The Multi-Systemic Therapy (MST) Program

Program Purpose: The Multi-Systemic Therapy Program (MST) is a community-based program providing close and intensive supervision and counseling of delinquent youth in community settings. These youth would otherwise be placed in an Alternatives to Incarceration residential placement. The evaluation focuses on the following question: Can juveniles who would ordinarily be placed in Level IV staff-secure residential facilities be treated in the community at substantially lower cost and no greater risk to the community?

As of October 1997, the selection process for the MST evaluation study has been completed. Thirty (30) juveniles have or are participating in the MST Program in the community. Twenty-four (24) juveniles have been assigned to the control group and have completed or are continuing in Level IV residential placements.

Eleven months into the program evaluation, the MST and control group recidivism rates are:

- MST recidivism rate: 50%
- Control group recidivism rate: 40%

Six-months into the MST pilot, the MST participants had reached a recidivism rate slightly less than 50%. The rate has remained relatively stable since that point in time.

In contrast, because juveniles in the control group were in staff-secure Level IV placements, they did not begin to reoffend until six months after the initiation of the study. Since month 6, the recidivism rate for the control group juveniles has climbed to 40%.

The MST Program evaluation will continue through June 1998. At that point, the recidivism rates for MST participants and the control group juveniles will be compared to determine if juveniles can be assigned to the MST Program without any increase in the risk to the community.

The Title IV-E Waiver

Program Purpose: The Title IV-E Waiver created two new programs--a Multi-Disciplinary Treatment Team Program to work with families with substance abusing members to reduce foster care costs and an Assisted Guardianship Program to provide long-term care for children in foster care who are not available for adoption and are not expected to return home.

Dr. Dorothy Lockwood, a contracted independent evaluator has completed the first two quarterly evaluation status reports for this program. Information in these two reports has focused primarily on program implementation issues. To date, Dr. Lockwood has found:

- Referrals of substance abusing cases to the substance abuse counselors averages about four per month in each county
- Caseloads are running slightly higher than expected at about 20 per substance abuse counselor (13 cases were the expectation)
- Caseloads combine clients who need intensive services because of their history of substance abuse and clients who need only monitoring to ensure they engage in treatment
- While it is too early to evaluate outcomes, initial cost comparisons for New Castle and Sussex Counties, where the program has been in effect longer than in Kent County, are showing lower foster care costs for clients in the demonstration units than for clients in comparison control units. Furthermore, within the demonstration units, foster care costs for cases with substance abusing adults who received the substance abuse counselor services are lower than foster care costs for cases with substance abusing adults who did not receive substance abuse counselor services.

Recommendations for strengthening implementation of the Multi-Disciplinary Team approach include:

- Use of the Substance Abuse Inventory to more consistently identify and refer clients to the substance abuse counselor
- Clarification of case closure so that substance abuse counselors and Division of Family Service (DFS) workers use the same criteria and can agree on case closure
- Increase joint case planning efforts
- Additional training for DFS workers to help them identify parental substance abuse, how to respond to parental substance abuse within the child welfare system, the pharmacological effects of drugs and alcohol, and joint case planning and implementation within a multi-disciplinary team approach

To date, too few children have been eligible or assigned to the Assisted Guardianship portion of the Title IV-E Waiver Program for implementation or process evaluation to have been started.

The Family Preservation and Support Program

Program Purpose: The Family Preservation and Support Program has been established at six locations throughout Delaware to help build social support infrastructures to help keep at-risk families intact in at-risk communities. Implementation program goals include:

- Supporting a family advocate/resource person in each location
- Providing information technology to support referral and resource eligibility checks
- Creating a family friendly community focal point with convenient hours for community members
- Building the support infrastructure on family and community strengths
- Access to and collaboration with drug treatment programs
- Community partnerships to plan, coordinate, and evaluate program efforts
- Parent education
- Child care to support attendance at parent education and other program events
- Family events
- Youth recreation and prevention activities

The evaluation effort is designed primarily as an implementation process assistance project to provide technical assistance to the family advocate/resource person and involved community members at each location. The first annual report for this program is in preparation and will be completed by the end of December 1997.

Divorcing Parent Education Program

Program Purpose: The Divorcing Parent Education Program is a legislatively mandated six-hour parent education program presented by certified providers for parents filing for divorce to help them understand the impact divorce has on children and how to minimize this impact. The program is completing its first year of implementation.

The evaluation plan for this program includes a pre- and post-program survey to measure knowledge and attitude change by parents and a post-program satisfaction survey. After the program has been in operation for at least two years, evaluation plans call for a review of court records to determine the reduction in the number of divorce cases that return to Family Court to resolve custody issues.

Scoring of the pre- and post-program knowledge and attitude change surveys has just been completed, but no aggregate data has yet been compiled. Based on the first-year's use of the pre- and post-program knowledge and attitude surveys, program administrators are considering revising several of the existing questions and adding more difficult questions to the survey.

Back-on-Track Program

Program Purpose: Back-on-Track is a contracted, time-limited, community-based probation supervision program for youth placed on probation who are assessed as being at low-risk of reoffending. If successful, the program will reduce the caseload for probation officers, permitting them to focus their attention and efforts on probation youth assessed as being at high risk for reoffending.

The Back-on-Track Program has two main components:

- A 10-hour prevention education component consisting of study modules on anger management, conflict resolution, alcohol and drug resistance skills, communication skills, decision-making, goal-setting, stress management, and coping strategies
- Supervised community service

During the first six-months of implementation (January 1 to June 30, 1997):

- 611 youth were referred to Back-on-Track
- 262 (43%) youth successfully completed the program
- 251 (41%) continued in the program beyond June 30
- 156 (26%) were referred back to regular probation services because they did not meet program admission criteria, failed to appear for program components, misbehaved during program activities, or obtained new charges
- 513 cases were kept off the caseloads of regular probation officers

Because of the newness of the program, the recidivism rate has not yet been compiled.

Division of Child Mental Health Services (DCMHS) Crisis Services

DCMHS Crisis Services are provided by three agencies in collaboration with DCMHS' Intake Unit and Clinical Services Management Teams. Crisis Services operate 24 hours a day, 7 days a week. In New Castle County, Crisis Services are provided by Tressler Center's Brandywine Project and by Terry Center, which also provides crisis beds for up to three day stays. Kent and Sussex County Crisis Services are currently provided by Delaware Guidance Services, and in FY 97 were provided by People's Place.

FY 97 evaluation of the DCMHS Crisis Service focused on utilization and on successful diversion from unnecessary hospitalization, the primary goal for intermediate outcomes.

Findings regarding utilization indicate that in the first full year of operation, the Crisis Services were provided to 898 clients, with more than 80% having no previous service history with the Division. Findings regarding diversion from hospitalization indicate that 78.4% of the clients were served without recourse to hospitalization.

The evaluation of Crisis Services continues with a focus on intensity and length of crisis services, follow-up services from DCMHS and community providers, and on utilization of crisis bed capacity. During the 1997-98 school year, DCMHS will also provide training in triage and appropriate use of crisis services to Student Support Teams in eight school districts and will include the schools in follow-up project evaluation.

Seaford House Residential Treatment Center

Seaford House Residential Treatment Center provides services to ten youth assessed to require intensive, restrictive mental health treatment.

DMCHS staff identified Seaford House as an appropriate target for significant performance improvement activity in FY 97 and FY 98. A Performance Improvement Team identified four major target areas of concentration:

- Site and facility improvement
- Augmentation of clinical leadership
- Youth counselor training
- Program-based educational services

Through active collaboration with the service provider, Children and Families First (CFF), all four areas of improvement concentration have been addressed.

- *Site and facility improvement:* CFF has made significant progress in locating a new site and planning for a new facility that will be more appropriate to intensive clinical services and on-site educational programming.

- *Augmentation of clinical leadership:* CFF has augmented leadership with a new program director experienced in intensive community-based services, a regional administrator with experience in direction of clinical residential programs, quality assurance staff from the parent agency and expansion of psychiatric consultation.
- *Youth counselor training:* The Boys Town model of Effective Skills (also used by the Silver Lake Consortium of day and residential treatment) has been implemented.
- *Program-based educational services:* Separate site for educational program in use; teaching staff and supervision of program provided by DSCYF.

The evaluation process continues with rates of utilization, educational attendance and achievement, program and community critical incidents, and clinical services availability as measures of improvement. A formal improvement report will be available by June, 1998.

Access to Community Treatment (ACT) Program

Access to Community Treatment (ACT) is a Division of Child Mental Health Services program of intensive outpatient services for clients with lengthy histories of intensive hospital, residential, and day treatment.

An early sample of ACT clients had average annual treatment costs of \$24,000. Following the implementation of the ACT program, 57% of active clients (N = 30) had no further admissions to intensive services and an additional 30% had a significantly reduced usage of intensive services. Parent measures of program effectiveness yielded an 84% satisfaction rating.

The ACT Program expanded to New Castle County in FY 97 with capacity for 45 clients. Planned continuation of evaluation will include measures of target problem reduction and school/family/community functioning, client/family ratings of accessibility and effectiveness, and measures of cost per client relative to historical and comparison group utilization of intensive services.